CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE

To be filed with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

Check if this report is an amendment

For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203-1917 Phone (501) 324-9600 Toll Free (800) 422-7773

THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE 1. Name of Candidate Kenneth Henderson Address 311 Hickey Hills Drive City, State and Zip Russellville, AR 72802 Phone Number: 479-970-8432 Office Sought State Representative District Number: 71 (Secretary of State File Starrip) Does the candidate have a campaign committee? ()Yes (XX)No If yes, complete the following: JUL 17 2017 Name of Chairperson/Treasurer: Arkansas Mailing Address: Phone Number: Secretary of State Year of Election: 2018 2. Type of Election: (check one only)

X Primary ☐ Primary Runoff ☐ Gener	ral 🔲 General Runoff 🗎 Spec	sial		
3. Type of Report: (check one only)	This report covers what	period? (04-01-2017) throu	ugh (60)-30-2017)
☐10 Day Preelection	☐January Monthly	☐June Monthly	□No ⁻	vember Monthly .
First Quarter (due April 15)	☐February Monthly	☐July Monthly	□De	cember Monthly
Second Quarter (due July 15)	☐March Monthly	☐August Monthly		
☐Third Quarter (due October 15)	☐April Monthly	□September Monthly		
☐Fourth Quarter (due January 15)	☐May Monthly	☐October Monthly		
SUMMARY	<u> </u>	FOR REPORTING PERIO	מנ	CUMULATIVE TOTAL
4. Balance of campaign funds at be	eginning of reporting period	\$18,758.87	i	
5. Interest (if any) earned on campaign account		0		
6. Total Loans (enter total from line 12)		0		
Total Monetary Contributions (er	nter total from line 18)	0		
Total Expenditures (enter total fr	om line 27)	\$300.00		
Balance of campaign funds at cl	ose of reporting period	\$18,458.87		
10. () NO ACTIVITY (check if you have	not received contributions, loans, or ma	de expenditures during this reporti	ng period	d)
I certify to the best of my knowledge and			ete, tru	e, and accurate
financial statement of my (the candidate's	s) campaign contributions and e	xpenditures		

Sworn to and subscribed before rie, a Nojary Public is and on Notary Signature

(Legiple Notary Bear) L. JOHNSON Notary Signature

Notary Signature

NOTARY PUBLIC-ARKANSAS
PULASKI COUNTY
LIV COMMISSION EXPIRES: 05-06-26

S 05-06-26 My Commission Expires:

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

11. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
		·	
`			
			•
			<u> </u>
,	12. TOTA	L LOANS DURING REPORTING PERIOD	\$

<u>IMPORTANT</u>

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign, or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 11.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 11.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then those personal funds would not be reported in Section 11. Instead, they would be reported as a campaign contribution either in Section 15 or on line 17, depending upon the amount.

13. NONMONEY CONTRIBUTIONS

(Does not include volunteer services by individuals)

Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
		<u> </u>	
		: 	
		nonmoney item	nonmoney item item

IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a contributor provides him with an item or service without charge or for a charge which is less than the fair market value of the item or service in question.

The value of an in-kind contribution is the difference between the fair market value and the amount charged. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

15. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print (Use Additional Copies Of This Page If Necessary)

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			□Primary □ Run-Off □General □ Debt	
	·		□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off	
	<u>.</u>		General Debt	
			□Primary □ Run-Off □ General □ Debt	
			□Primary □ Run-Off □General □ Debt	***************************************
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Co	ontributions This Page		

ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
		Į.	☐Primary ☐ Run-Off ☐General ☐ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
	,		□Primary □ Run-Off □General □ Debt -	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
		,	Goeneral G Dept	
16. TOTA	AL ITEMIZED MONETARY CONTRIBUTIONS OVER \$5	50		
17. TOTA	AL NONITEMIZED MONETARY CONTRIBUTIONS			
	AL MONETARY CONTRIBUTIONS THIS REPORT udes totals from lines 16 and 17)			

19. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEC	3ORY		TOTAL AN	IOUNT
Filing Fee				
Television Advertising				
Radio Advertising				
Newspaper Advertising				
Other Advertising				
Office Supplies				
Rent				
Utilities				
Telephone				
Postage				
Direct Mail				
Travel Expenses				
Entertainment				
Fundraising				
Repayment of Loans				
Returned Contributions				
Consultant Fees				
Polis				
Paid Campaign Workers				
Other (list)- Golf Tournament Sponsorship Russe	Ilville Cyclone Arkansa	S	\$300	
				·
			<u></u>	
	20. TOTAL CAM	PAIGN EXPENDITURES		
21	I. PAID CAMPAIGN	WORKERS		
(Include any person you paid	to work on your campai	gn, does not have to be full-ti	me worker)	
NAME OF WORKER	AMOUNT	NAME OF WORK	ER	AMOUNT
	PAID			PAID
				
114419	 			
	+ + + + + + + + + + + + + + + + + + + +			

	 		-	
				· · · · · · · · · · · · · · · · · · ·
	 			
41			-	
	+			
	 	<u> </u>		
	22 TOTA	L AMOUNT PAID CAMPA	IGN WORKERS	
	ZZ. IUIA	ニニコンショー・スランスのデス		

23. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print

74.1 1.4547 1				
(Use additional	cobles (ot this i	page it	necessarv)
\ · · · · · · · · · · · ·			3	,,

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Russellville Cyclone Golf Tournament	Golf Sponshorsip for High School		\$300.00
2203 Sounth Knoxville	a sur a parameter property and a surface prop		***************************************
Russellville, AR 72802	· .		
·			
	1		
	\		
		 	
		'	•
	1		
	1		1
·			
		· •	
			+
	<u>[</u>		
	[
	•		
	}		
	1		
•	<u> </u>		
24. TOTAL ITEMIZED EXPENDITURES	THIS REPORT		\$300
25. TOTAL NONITEMIZED EXPENDITE			0
26. TOTAL PAID CAMPAIGN WORKE	RS THIS REPORT (enter total from	line 22)	0
27. TOTAL EXPENDITURES THIS REPORT (includes lines 24, 25 and 26)			\$300

Note: All Expenditures Reflected on Lines 24. 25. and 26 Should Be Totaled by Category In Section 19



Plan Travel

Home Login »



Search aa.com



Travel Information

AAdvantage

Thank you for making your reservation on AA.com!



Are you ready to earn miles on this flight?

AAdvantage members use their miles for flights, hotels, cars and

C WON RIOL

Your trip is booked

Once the status of your trip is 'Ticketed,' you'll receive a confirmation email and can print your itinerary and receipt on aa.com (usually within 3 hours).

Little Rock to Boston

1 Adult

Saturday August 5, 2017 - Friday August 11, 2017

Your Trip Price:

\$910.97 USD

\$651.15 USD

\$166.88 USD

\$92.94 USD

\$0.00 USD

AA Record Locator

NEENON

Reservation Name

LIT/BOS

Your record locator is your reservation confirmation number and will be needed to retrieve or reference your reservation.

Status: Ticket Pending

Flight Depart Arrive

American Airlines 5081

Little Rock (LIT)

August 5, 2017 07:45 AM Travel Time: 2h6m

Class: Economy Seat: 160

Charlotte (CLT) August 5, 2017 10:51 AM

Booking Code : G. Plane Type: CR9

Create Notification 12

American Eagle

Operated by PSA Airlines As

American Airlines

1805

Charlotte (CLT)

August 5, 2017 11:35 AM Travel Time: 2 h 15 m Chass: Economy

See at : 4D

Boston (BOS)

August 5, 2017 01:50 PM Popling Code : G Plane Type: 320

Create Notification @

American Airlines

1530

Boston (BOS) August 11, 2017 05:30 PM Travel Time: 3 h 5 m

Class: Economy Sest: 14F

Chicago (ORD)

August 11, 2017 07:35 PM

Booking Code: V Plane Type: 738

Flight Subtotal

Carrier-Imposed Fees

Fare Amount

1 ×\$651.15 USD

Trip Options

Main Cahin Extra

Taxes & Carrier-Imposed Fees

Adult

Texes

\$910.97 USD

Create Notification (2)

American Airlines

Chicago (ORD) 3623 Operated by Envoy Air As American Class: Economy

August 11, 2017 08:10 PM Travel Time: 1 h 47 m

Seat : 12A

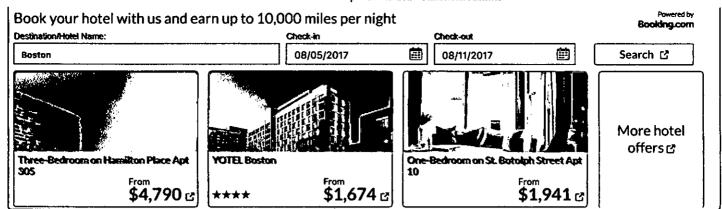
Little Rock (LIT)

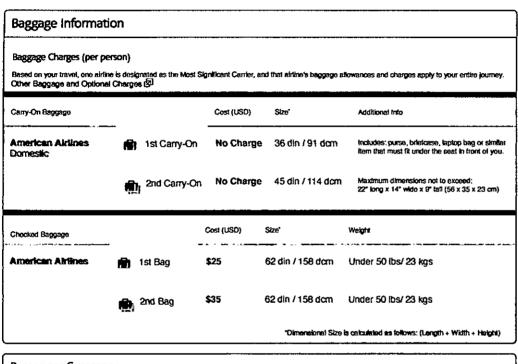
August 11, 2017 09:57 PM

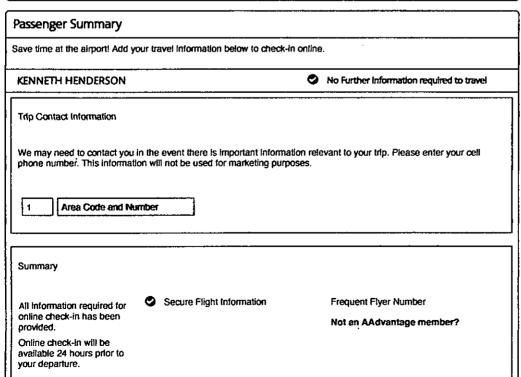
Booking Code: V Plane Type: E75

Create Notification P

Hotel Offers







Trip insurance

Insurance Offer Declined

Allianz Global Assistance

tt's not too late! Trip Insurance from Allianz Global Assistance helps protect against expenses should you be required to cancel or interrupt your trip due to medical or other covered reasons affecting you or your family members. To purchase trip insurance or to learn more, visit Travel Insurance From Allianz Global Assistance or call Allianz Global Assistance directly at 1-800-628-5404.